PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application	on or	Docket	Number
	~ /	1000	7

10054893

CLAIMS AS FILED - PART				PART			S	SMALL ENTITY			OTHER	THAN
		(Column 1)		(Column 2)		T	TYPE		OR	SMALL	ENTITY	
TOTAL CLAIMS			//					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		B	ASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	minus 20=		* 0		ı	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 5 minus 3 =						ン		X42=	84	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							Ī	+140=	- (OR	+280=	
* If the difference in column 1 is less than zero, ente					r "0" in c	olumn 2	L	TOTAL	asie	OR	TOTAL	
	C	LAIMS AS A	MENDED	- PAR	TII			•	7 9		OTHER	THAN
		(Column 1)		(Column 2) (Column 3)				SMALL ENTITY			SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	TCLAIM		╵┟	+140=		OR	+280=	
							L	TOTAL			TOTAL	
l				,		(0.1		DDIT. FEE		OIT,	ADDIT. FEE	
		(Column 1)			mn 2) HEST	(Column 3)	1 -		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	· · · · · · · · · · · · · · · · · · ·	=	1	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		┚┞	140			. 220	
							L	+140=		OR	+280=	
							Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	-	(Column 1)			mn 2)	(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST IBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ΣQ	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEI	Independent	*	Minus	***		=-	1	X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		』 ├	.140			+280=	
	If the entry in colu	mn 1 is less than t	he entry in colu	ımn 2. writ	te "0" in co	lumn 3.	L	+140= TOTAL		OR	+280≘ TOTAL	
**	If the "Highest Nu "If the "Highest Nu	mber Previously P	aid For IN THI	S SPACE	is less that is less that	in 20, enter "20. in 3, enter "3."	<i></i>	DDIT. FEE			ADDIT. FEE	<u></u>
	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

PATENT APPLICATION FEE DETERMINATION RECORD

PTO/SB/06 (08-00) use through 10/31/2002. OMB 0651-0032 e; U.S. DEPARTMENT OF COMMERCE ss it displays a valid OMB control number.

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U. S. Patent and Tradenia
rsons are required to resoond to a collection of informatio

Application or Docket Number

									39452					
	CLAIMS AS FILED - PART I (Column 1) (Column 2)						S	SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY			
FOR			NUMBI	ER FILED		NUMBER	NUMBER EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))									\$370.	OR		\$		
TOTAL CLAIMS (37 CFR 1.16(e)) 1 1 minus 20					s 20 =	*	0	x	\$=	0.00	OR	x \$ =		
INDEPENDENT CLAIMS 5 minus 3 = (37 CFR 1.16(b))					us 3 =	*	2	1 -	2.Q0	126.	OR	x =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0								+	=	0.00	OR	+=		
* If the difference in column 1 is less then zero, enter "0" in column 2								_	TOTAL	496.	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								s -	MALL E	NTITY	OR	OTHER T		
AMENDMENT A		CLA REMA AFI AMENI	INING ER		NU PREV	GHEST IMBER IOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE	
Ó	Total (37 CPR 1.16(c))	*		Minus	**		=	x :	\$=			x \$=		
関	Independent (37 CPR 1.16(b))	*		Minus	***		=	x	=		OR OR	x=		
Y	FIRST PRESENTATION OF MULTIPLE DEPEN				ENDEN	T CLAIM	(37 CFR 1.16(d))	┨┠╴	=		OR	+ =		
i i	<u> </u>								TOTAL		OR	TOTAL		
AMENDMENTER		(Colur CLA REMA AFI AMENI	IMS INING ER		HIC NU PREV	GHEST JMBER JOUSLY JD FOR	PRESENT EXTRA	7	IT. FEE	ADDI- TIONAL FEE	A	DDIT. FEE RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*		Minus	**		=] _x	5=		OR	x \$=		
AME	Independent (37 CFR 1.16(b))	*		Minus	***		=	x	=		OR OR	x=		
•	FIRST PRES	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							=		OR	+=		
(Column 1) (Column 2) (Column 3)								ADE	TOTAL DIT. FEE		ORA	TOTAL DDIT. FEE		
AMENDMENT C		CLA REMA AFI AMENI	INING ER		NU PREV	GHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ZOZ	Total (37 CFR 1.16(c))	*		Minus	**		=	x :	\$=		OR	x \$=	ŀ	
ME	Independent (37 CFR 1.16(b))	*		Minus	***		=	x .	=		OR OR	x =		
∢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							 -	=		OR	+ =		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														
Iħ	e Highest Number	er Previou	sty Paid F	or" (Fotal or Ir	de pende	nt) is the high	est number found	in the a	appropriate	box in colum	n I.		- 1	